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TECHNOLOGY CENTER 2800

Applicant(s): Shin, Seong S.; Jin, Yong Sung; Son, Yung Sung; Choi, Man Sung  
Assignee: PhotonAge, Inc.  
Title: A High Speed Optical transmitter And Receiver With A Serializer With A Minimum Frequency Generator  
Serial No.: 10/001915 Filing Date: October 24, 2001  
Confirmation No.: 8954  
Examiner: Unassigned Group Art Unit: Unassigned  
Docket No.: M-11461 US

San Jose, California  
February 20, 2002

Attn: Official Draftsperson  
COMMISSIONER FOR PATENTS  
Washington, D. C. 20231

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**SUBMISSION OF FORMAL DRAWINGS**

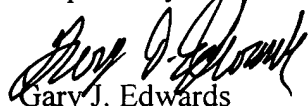
Dear Sir:

Applicants submit twenty-one (21) sheets of formal drawings, consisting of Figures 1A, 1B, 1C, 2A, 2B, 3, 4A, 4B, 4C, 5A, 5B, 6A, 6B, 7A, 7B, 8A, 8B, 9A, 9B, 10A, 10B, 11A, 11B, 12A, and 12B, in the above-named application. If there are any questions regarding these drawings, please call the undersigned at (408) 453-9200.

EXPRESS MAIL LABEL NO:

EL 937 080 063 US

Respectfully submitted,

  
Gary J. Edwards  
Attorney for Applicant(s)  
Reg. No. 41,008

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Docket No. M-11461 US

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Commissioner For Patents  
Washington, D.C. 20231

February 20, 2002

Re: Applicant(s): Shin, Seong S.; Jin, Yong Sung; Son, Yung Sung; Choi, Man Sung  
Assignee: PhotonAge, Inc.  
Title: A High Speed Optical transmitter And Receiver With A Serializer  
With A Minimum Frequency Generator  
Serial No.: 10/001,915  
Examiner: Unassigned  
Docket No.: M-11461 US

Filed: October 24, 2001  
Group Art Unit: Unassigned

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (1 page);
- (3) Submission of Formal Drawings (1 page);
- (4) Formal Drawings (21 sheets) (FIGs. 1A, 1B, 1C, 2A, 2B, 3, 4A, 4B, 4C, 5A, 5B, 6A, 6B, 7A, 7B, 8A, 8B, 9A, 9B, 10A, 10B, 11A, 11B, 12A, and 12B;

☒ No additional fee is required.

**CLAIMS AS AMENDED (fees computed under 37 CFR §1.9(f))**

|                                                                                                                                                                                                                                                                                      | Claims Remaining<br><u>After Amendment</u> |       | Highest No.<br>Previously<br><u>Paid For</u> |   | Present<br><u>Extra</u> | <u>Rate</u> | Additional <u>Fee</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------|----------------------------------------------|---|-------------------------|-------------|-----------------------|
| Total Claims                                                                                                                                                                                                                                                                         | 29                                         | Minus | 29                                           | = | 0                       | x \$ 9.00   | \$ 0.00               |
| Independent<br>Claims                                                                                                                                                                                                                                                                | 8                                          | Minus | 8                                            | = | 0                       | x \$42.00   | \$ 0.00               |
| <input type="checkbox"/> Fee of _____ for the first filing of one or more multiple<br>dependent claims per application                                                                                                                                                               |                                            |       |                                              |   |                         |             | \$                    |
| <input type="checkbox"/> Fee for Request for Extension of Time                                                                                                                                                                                                                       |                                            |       |                                              |   |                         |             | \$                    |
| <b><u>Total additional fee for this Amendment:</u></b>                                                                                                                                                                                                                               |                                            |       |                                              |   |                         |             | \$ 0.00               |
| <input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely<br>filing of the enclosed document(s) after all papers filed with this transmittal have been<br>considered, an extension of time is hereby requested. |                                            |       |                                              |   |                         |             |                       |
| <input checked="" type="checkbox"/> Please charge our Deposit Account No. 19-2386 in the amount of                                                                                                                                                                                   |                                            |       |                                              |   |                         |             | \$ 0.00               |
| <input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit<br>Account No. 19-2386.                                                                                                                                      |                                            |       |                                              |   |                         |             |                       |
| <b>Total:</b>                                                                                                                                                                                                                                                                        |                                            |       |                                              |   |                         |             | \$ 0.00               |

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Gary J. Edwards  
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